

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK**

In re:	Chapter 11
LEHMAN BROTHERS HOLDINGS INC	Case No. 08-13555 (JMP) Jointly Administered
Lehman Brothers Holdings, Inc	Case No. 08-13555
(“the Debtors”)	Claim No.: <u>19787</u>

NOTICE OF TRANSFER OF CLAIM PURSUANT TO F.R.B.P. RULE 3001 (E)(2) FOR FILED CREDITOR, BRAHMAN C.P.F. PARTNERS, LP, IN THE AMOUNT OF \$578,712.00, TO C.V.I G.V.F. (LUX) MASTER S.A.R.L.

To Transferor: Brahman C.P.F. Partners, LP
c/o Brahman Capital Corp.
Attn: Richard Grossman
655 Third Avenue, 11th Floor
New York, NY 10017

PLEASE TAKE NOTICE that the transfer of \$578,712.00 of the above-captioned general unsecured claim has been transferred to:

Transferee: C.V.I G.V.F. (Lux) Master S.a.r.l.
c/o CarVal Investors UK Limited
Knowle Hill Park
Farimile Lane
Cobham
Surrey KT11 2PD
United Kingdom

The evidence of transfer of claim is attached hereto. A copy of the Proof of Claim and a copy of the Claims Agent website listing the claim are attached.

If your objection is not timely filed, the transferee will be substituted in your place as the claimant on our records in this proceeding.

(*FOR CLERK'S OFFICE USE ONLY*):

This notice was mailed to the first named party, by first class mail, postage prepaid on _____, 2009.

INTERNAL CONTROL NO._____

Copy: (check) Claims Agent ____ Transferee ____ Debtor's Attorney ____

Deputy Clerk

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:
Ch-11 LEHMAN BROTHERS HOLDINGS, INC.
Debtor

Case No. 08-13555
Chapter 11

**NOTICE OF TRANSFER OF CLAIM
PURSUANT TO RULE 3001(e)**

PLEASE TAKE NOTICE that any and all claims of Brahman C.P.F. Partners, L.P. ("Assignor") that are scheduled by the Debtor(s) and/or filed as an original or amended Proof of Claim against the Debtor(s), including, but not limited to, the following:

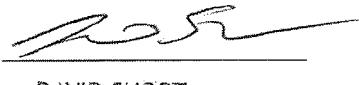
Proof of Claim Amount	Proof of Claim No.
\$578,712.00	19787

have been transferred and assigned to CVI GVF (Lux) Master S.a.r.l. ("Assignee"). The signature of Assignor on this document is evidence of the transfer of the claims and all rights thereto.

Assignor hereby waives any notice or hearing requirements imposed by Rule 3001 of the Bankruptcy Rules, and stipulates that an order may be entered recognizing this Assignment as an unconditional assignment and the Assignee herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Claim to the Assignee.

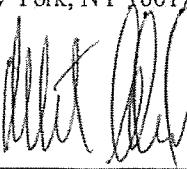
ASSIGNEE: CVI GVF (Lux) Master S.a.r.l.

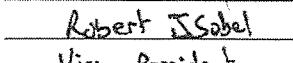
Address: c/o CarVal Investors UK
Limited
Knowle Hill Park
Fairmile Lane
Cobham
Surrey KT11 2PD
United Kingdom

Signature: 
Name: DAVID SHORT
Title: OPERATIONS MANAGER
Date:

ASSIGNOR: Brahman C.P.F. Partners, LP

Address: c/o Brahman Capital Corp.
Attn: Richard Grossman
655 Third Avenue, 11th Floor
New York, NY 10017



Signature: 
Name: Robert J. Sobel
Title: Vice President
Date: 2/18/10

United States Bankruptcy Court/Southern District of New York
 Lehman Brothers Holdings Claims Processing Center
 c/o Epiq Bankruptcy Solutions, LLC
 FDR Station, P.O. Box 5076
 New York, NY 10150-5076

In Re: Lehman Brothers Holdings Inc., et al. Debtors:	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)
Name of Debtor Against Which Claim is Held Lehman Brothers Holdings Inc.	Case No. of Debtor 08-13555

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Brahman C.P.F. Partners, L.P.
 c/o Brahman Capital Corp.
 655 Third Avenue, 11th Floor
 New York, New York 10017
 Attn: Richard Grossman

Telephone number: 212-681-9797

Email Address: *Rgrossman@bcny.com*

Name and address where payment should be sent (if different from above)

Telephone number: _____

Email Address: _____

1. Amount of Claim as of Date Case Filed: \$ 578,712

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6.

Check this box if all or part of your claim is based on a Derivative Contract.*

Check this box if all or part of your claim is based on a Guarantee.*

***IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.**

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is a based on a Derivative Contract or Guarantee.

2. Basis for Claim: see attached

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____
 (See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Describe: _____

Value of Property: \$ _____ Annual Interest Rate _____ %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____
 (See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 9/18/2009	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <i>Peter A. Hochfelder</i>
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Peter A. Hochfelder
Principal of General Partner

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

PROOF OF CLAIM

Filed: USBC - Southern District of New York
 Lehman Brothers Holdings Inc., Et Al.
 08-13555 (JMP) 0000019787



THIS SPACE IS FOR COURT USE ONLY

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
 (If known)

Filed on: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
- Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

Amount entitled to priority:

\$ _____

FOR COURT USE ONLY

FILED / RECEIVED

SEP 21 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Claim Question? Call: 646 282 2400

Guest



docketmatrix

Lehman Brothers Holdings Inc. (Chapter 11)
Change Client

Client Home Claims Docket Key Documents

Home > Search Claims

Bookmark this Page

Search Claims

Criteria

Claim Number	Creditor Name	Scope
19787	<input checked="" type="checkbox"/> Name Starts With <input type="checkbox"/>	Claims and schedules <input checked="" type="checkbox"/>

Schedule Number	Amount
	<input checked="" type="checkbox"/> Total Claim Value <input type="checkbox"/> Equals <input type="checkbox"/>

Claim Date Range to

Debtor

Order By: Creditor Name Results Per Page: 50

Results

Expand All

[1] Page 1 of 1 - 01 total items

Claim #	Schedule #	Creditor Name	Date	Total Claim Value	
<input checked="" type="checkbox"/> 19787		BRAHMAN C.P.F. PARTNERS LP C/O BRAHMAN CAPITAL CORP ATTN: RICHARD GROSSMAN 655 THIRD AVENUE NEW YORK, NY 10017	9/21/2009 Claimed Unsecured:	\$578,712.00 \$578,712.00	

Debtor: Lehman Brothers Holdings Inc.

[1] Page 1 of 1 - 01 total items

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